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# The Impact of Self-Care on Nursing Faculty Burnout and Worklife

Jennifer J. Harrington  
*Regis University*

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IMPACT OF SELF-CARE ON NURSING FACULTY

**The Impact of Self-Care on Nursing Faculty Burnout and Worklife**

Jennifer J. Harrington

Submitted as Partial Fulfillment for the Doctor of Nursing Practice Degree

Regis University

April 28, 2023

# IMPACT OF SELF-CARE ON NURSING FACULTY

## **Abstract**

Nursing faculty are relied upon to prepare the nursing workforce of the future. The stress and pressure felt by nursing faculty impacts their ability to practice self-care, and this threatens their ability to perform optimally. Lack of self-care can lead to diminished quality of life, and ultimately burnout. Feelings of burnout and decreased quality of life, which are precursors to faculty turnover, further perpetuates the nursing shortage. A Quality Improvement (QI) Pilot Initiative, with an evidence-based design methodology was implemented within one university's nursing department, located in a western state, to address this problem. Using a pre-post survey design and purposive sampling, fifteen (N=15, sample size n=9) full-time nursing faculty were invited to participate in a self-care intervention plan. The Maslach Burnout Inventory - Educator Survey (MBI-ES) and the Areas of Worklife Survey (AWS) Toolkit, consisting of 50 questions, was administered to measure for differences in faculty perceptions of burnout and quality of worklife. A paired sample t-test was done to compare and identify differences between the pre- and post-test scores for the AWS + MBI-ES. The analysis indicated a difference between the mean scores that was not statistically significant, but there was a shift in the mean score that occurred across the six AWS subscales and all three MBI-ES indicators. The thematic analysis revealed four emergent themes: burnout and stress, quality of work-life balance/environment, self-care/compassion and mindfulness, and resilience and spirituality. Limitations of the study included exclusivity of one nursing department, sample size, homogeneity of sample, and limited duration of project. The findings of this project support future focus on nursing faculty self-care practices: to increase retention and resiliency, to model best practices and integration into curriculum, and to attract students to the nursing educator track.

*Key words:* DNP Project, Nursing Faculty, Self-Care Impact, Burnout, Quality of Life

## IMPACT OF SELF-CARE ON NURSING FACULTY

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# IMPACT OF SELF-CARE ON NURSING FACULTY

## Executive Summary

### Problem

Nursing faculty are in short supply, to a great extent this can be attributed to the nursing shortage but also the rigors of the faculty role. Faculty turnover is a concern within this academic setting, and nursing faculty are at risk for burnout, and diminished quality of worklife due to high workloads and stress. A focus on self-care is imperative if nursing faculty are to persevere amid the daily stressors of their role. The study question for this project was: *Will the implementation of a self-care intervention plan improve perceived quality of worklife, and decrease feelings of burnout in full-time nursing faculty at a university?*

### Purpose

The purpose of this quality improvement (QI) DNP pilot project was to look at the implementation of a self-care practice that addresses the holistic needs of nursing faculty, through a variety of prompts and self-selected modalities to allow maximum flexibility and minimal disruption or perceived time burden.

### Goals

The major goal of this pilot project was to implement a self-care intervention plan that faculty can use to mitigate feelings of burnout and work stress. A secondary goal for this DNP project was to examine the impact of implementing a self-care intervention plan on perceived quality of worklife and feelings of burnout in fulltime nursing faculty at a university.

### Objectives

The primary outcome objective was to measure, via the Maslach Burnout Inventory - Educator Survey and the Areas of Worklife Survey Toolkit, for a difference in faculty perceptions of burnout and quality of worklife pre- and post-implementation of the nursing faculty self-care intervention plan.

### Plan

This was a Quality Improvement (QI) Pilot Initiative, with an evidence-based design methodology/measurement. Measurement was obtained using a pre-post survey design and the study was quantitative. A purposive sampling technique was utilized with inclusion of full-time nursing faculty and exclusion of part-time nursing faculty (N=15, sample size n=9). Implementation of a 12-week self-care intervention transpired. Post-data were obtained. Data were analyzed using a combination of SPSS v29 and Mind Garden Transform™ Platform.

### Outcomes and Results

Nursing faculty showed involvement in practicing self-cares. Feelings of burnout were reduced post implementation, and quality of worklife was improved and across three of the six subscales. None of the findings were statistically significant with a p-value > .05.

# IMPACT OF SELF-CARE ON NURSING FACULTY

## Acknowledgements

I gratefully acknowledge Dr. Kathleen S. Whalen, my Doctor of Nursing Practice (DNP) Project Chair, whose knowledge, guidance, and expertise were invaluable throughout this project. Additionally, I wish to express my gratitude to Dr. Cheryl Kruschke who played a critical role in helping me with analyzing and interpreting the project data. Furthermore, I am thankful for Regis University, the Loretto Heights School of Nursing, and all the incredible professors who contributed to the success of the DNP program and who helped me successfully navigate my journey to my DNP, via the *Master of Science in Nursing, Leadership in Health Care Systems and Certificate in Health Care Education*, or to the ultimate completion of my DNP: Dr. Murpee (Mary) Castang, Dr. Lora Claywell, Dr. Stephanie Cradick, Dr. Patsy Cullen, Dr. Courtney Duggan, Dr. Kari Goerke, Dr. Susan Meier, Dr. Deb Roybal, Dr. Holly Vali, and Dr. Catherine Witt.

I wish to extend my gratitude to the project site university, the Department of Nursing, and my esteemed colleagues. Your dedication and passion for nursing education are truly inspiring. I especially wish to thank my project mentor, Dr. Tracy Fawns and Dr. Judy Scott, Nursing Department Chair.

Special thanks to my dear friends and family, for your love, support, and understanding. I love you and appreciate your encouragement to pursue my dream.

I dedicate this project to my daughters, Holly Harrington Raymond, and Robyn Lynn Harrington, you two will always be my greatest accomplishments – nothing in life compares to the joy of being your mom. Thank you for all the ways you have blessed my life. I love you with all my heart!

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## **The Impact of Self-Care on Nursing Faculty Burnout and Worklife**

Nursing faculty enjoy having an impact on aspiring nurses. They take pride in helping to mold and develop the future nursing workforce and feel especially gratified that they are making a difference in the lives of others (Haizlip et al., 2020). However, some nursing faculty become jaded and leave the profession they love prematurely (Flynn & Ironside, 2018). Unfortunately, nursing programs lose precious faculty due to the demands the role places on them and attrition due to other voluntary or involuntary reasons. Although there are plenty of scholarly papers that explore the nursing shortage, and the impact it has made on clinical nursing staff, few have solely taken up the issues that are unique to nursing faculty. This Doctor of Nursing (DNP) Quality Improvement (QI) Capstone project focused specifically on nursing faculty burnout and quality of worklife related to the long-standing nursing shortage. This paper articulates the problem statement and presents the theoretical foundation and review of the literature that supports the study question. A detailed description of the project plan and evaluation is given followed by the project findings and results, and limitations, recommendations, and implications for change.

### **Problem Recognition and Definition**

#### **Project Purpose**

The purpose of this DNP project, a QI initiative, was to examine the impact of implementing a self-care intervention plan on perceived quality of worklife and feelings of burnout in full-time nursing faculty at one university, thereby creating a healthier academic work environment and increasing job satisfaction and intent to stay.

**Problem Statement**

There is a nursing shortage, which is well documented in the literature (Adams et al., 2019). However, part of the nursing shortage that is not often discussed is the shortage of nursing faculty (Childs et al., 2021). The shortage of nursing faculty results in heavy workloads and can limit student admittance numbers into a program, thus worsening the nursing shortage which could further impact patient/population health outcomes (Jarosinski et al., 2021). Workload for nursing faculty spans beyond teaching, as they are engaged in scholarship, service, and more depending on their unique role within the department or university. The combination of work-related stressors, and limited personal time for self-care, puts nursing faculty at risk for feelings of burnout and a diminished quality of worklife. Lockett (2020) found that nursing faculty, much like many other nursing professionals, are the last to put self-care as a priority. This DNP project proposal was developed from the DNP student's observations of nursing faculty work overload, faculty stress, and concern for their lack of self-care that may contribute to feelings of burnout, depreciation of a quality worklife, and other related detrimental outcomes. The nursing department chair, where this QI initiative took place, confirmed that faculty have voiced concerns related to high workloads (J. Scott, personal communication, June 17, 2022). Additionally, the rate of full-time nursing faculty turnover, over the past eight years was equal – eight faculty members left, and eight new faculty were hired to fill those vacancies (J. Scott, personal communication, June 17, 2022). Turnover, regardless of the underlying reason, can cause increased workload, strain and added stress on all remaining faculty. The hiring process to fill the vacant positions is protracted, and the pool of interested candidates, who are experienced/qualified for a nurse educator role, is modest at best. Overall, it can be difficult to keep good candidates engaged throughout the lengthy hiring process and the investment of time,

money, and resources to orient/mentor new nursing faculty is yet another gap that existing nursing faculty are expected to fill.

### **PICO Question/Statement**

The PICO study question for this project was: Will the implementation of a self-care intervention plan improve perceived quality of worklife, and decrease feelings of burnout in full-time nursing faculty at a university? The PICO statement was written as follows:

**Population (P)** Full-time nursing faculty

**Intervention (I)** Self-care implementation plan

**Comparison (C)** Pre-post burnout/quality of worklife survey scores

**Outcome (O)** Improve perceived quality of worklife and feelings of burnout

### **Project Significance, Scope, and Rationale**

One DNP Essential, as it pertains to this project, is *Clinical Prevention and Population Health for Improving the Nation's Health* because health promotion is needed first with self, and then others (Schadewald & Pfeiffer, 2021). Additionally, this DNP project has potential to impact the academic organization where it was implemented. The significance of this project could reach beyond the nursing faculty participants – impacting students through clinical prevention and population health (CPPH) education and broadening the impact to patient/population health outcomes (Jarosinski et al., 2021; Schadewald & Pfeiffer, 2021). Moreover, nurses are needed to address the nursing shortage. Therefore, reliance on nursing education programs will continue, and thus nursing faculty, to meet the demand. This critical demand further necessitates that self-care and management of work stress be mainstreamed into daily worklife. Finally, self-care practices that are modeled and integrated into course curriculums/field trip activities, and embraced by nursing faculty, as well as espoused as vitally

important as any other nursing interventions may attract a greater proportion of nursing program graduates to consider the nursing educator track.

The scope of this QI project was limited to one university setting in a western state, that included a small convenience sample of nursing faculty. This project was not meant to develop new knowledge or be generalized outside the university site.

### **Theoretical Foundational for Project and Change**

Theoretical frameworks are the guideposts that help direct the DNP project (Moran et al., 2019). This project utilized a combination of theories, including a change theory. Caring, resilience, and change theories were all applicable to this DNP project.

#### ***Watson's Caring Theory***

Watson's theory of human caring is profound and was genuinely suited to lead this DNP project. Watson touts the importance of "soul care for self and others" (Zaccagnini & Pechacek, 2021, p. 22). The theory of human caring is applicable for nurse faculty, who as leaders value the caring moments and authentic connection found through transpersonal connection between themselves, their students, and colleagues. One could argue that Watson's caring approach, when directed towards self, is an effective approach towards alleviating stress (Moran et al., 2019).

#### ***Polk's Theory of Resilience***

Polk's Theory of Resilience was another natural choice as a nursing theory for this DNP project. Resilience can be thought of as a concept and as a valued personal attribute (McEwen & Wills, 2019). Today's nursing faculty are facing unprecedented and rapid change, requiring quick adaptation and cogent response to the demands placed upon them. Nursing faculty have pressure and stress that come from external factors, such as students, administration, regulating bodies and from internal sources, which necessitate resiliency. Resilient individuals are better equipped

to weather the turbulent times and can manage the stressors that can lead to burnout (McEwen & Wills, 2019). Individuals are unitary beings and part of a whole energy field, where energy is continually flowing amid intrinsic and extrinsic forces (Polk, 1997). Adversity can be an impetus for individual change, and chaos from the individual field converts experiences into expanded diversity that is then manifested as greater differentiation in one's personal pattern of resilience (Polk, 1997). Patterns of interaction that constitute health are needed as we move away from a reactive mode of treating disease and recognize the four unfolding patterns where resilience can be manifested – dispositional, relational, situational, and philosophical patterns (Polk, 1997). This theory is congruent with current nursing standards, interventions, and therapeutics. The Theory of Resiliency was derived from multiple research studies and a review of literature (Polk, 1997). Used by nursing educators, researchers, and administration, it is a theory that has contributed to the discipline of nursing – across all cultures and social structures.

### ***Kotter's Eight-Step Plan for Implementing Change***

Kotter's Eight-Step Plan for Implementing Change is a well-aligned change theory that guided this DNP project. McEwen and Wills (2019) stated, the theory for implementing change within organizations or groups, includes the following eight steps:

**1. Create urgency for the change.** This DNP project created urgency through faculty education about the project. Faculty took notice of an inspirational bulletin board, which resides in a shared workspace area where mailboxes, copier, and office supplies are kept. Weekly themes highlighted a holistic, evidence-based approach to self-care, and its alignment with best practices.



**2. Form powerful coalitions to lead change.** The DNP student enlisted the support of the nursing department chair and dean who formed a strong leadership coalition to support this project. The leadership team promoted the project by allowing inclusion of interventions that could be inserted into faculty meetings, such as a brief breathing and visualization/meditation before the start of the meetings. Inclusion of breath work and visualization/meditation helped to fulfill physical, mental, and spiritual well-being. Additionally, reinforcing the availability of accessing self-care resources, via a Canvas shell, to integrate self-care practices within the workday i.e., getting outside for a 10-minute walk with a co-worker, or with their students, which fulfilled physical and mental well-being.

**3. Develop clear vision and targeted strategy.** The vision was to create a culture of self-caring to prevent burnout. A multipronged approach was the strategy, so that there was something that could accommodate everyone, regardless of physical ability. A holistic framework was offered so that any physical limitation could be overcome by engagement in spirit or mind activities. A holistic approach allowed all faculty the ability to find success on some level, which is an important component in forming sustainable self-care habits.

**4. Communicate clear vision with conviction.** Communication was made clear through direct interaction and through soliciting question and answer session at start of project. This was done with enthusiasm and authentic connection. The DNP student also communicated the intent of the project with an information sheet that was provided to all potential participants.

**5. Dissolve obstacles.** A strength, weaknesses, opportunities, and threats (SWOT) analysis was conducted to identify potential obstacles and to allow advance planning to dissolve them.

**6. Build in short-term wins.** Short-term wins were provided via encouraging sentiments expressed through personal handwritten notes, and other small token incentives (Adams et al., 2019).

**7. Assess and consolidate wins.** As faculty were experiencing success with implementing self-care interventions, wins built into bigger acknowledgements that reinforced positive changes.

**8. Solidify changes by tethering to new behaviors.** As the new changes occurred, they were associated with positive feedback from peers and a personal sense of well-being.

Kotter's change theory is an expansion of the well-known Planned Change Theory that was developed by Lewin (McEwen & Wills, 2019). Change is often resisted, and as Kotter came to realize the stumbling blocks managers faced when they tried implementing change, he was able to devise this plan for change implementation. Kotter's eight-step plan for implementing change is a well-known change theory and there are robust examples that illustrate its success in a variety of workplaces (McEwen & Wills, 2019).

## **Review of Evidence**

### **Literature Selection/Systematic Process of Literature Search**

A literature review was conducted utilizing CINAHL Complete, Academic Search Premier, ERIC, MEDLINE, APA PsychArticles, APA PsychInfo. Initial search terms included Nurs\* faculty AND resilience OR self-care. These terms resulted in 45,485 results. Once limiters were applied, Full-text, Scholarly (Peer Reviewed) Journals, and English the search yielded 500 articles. Additional terms, such as nurse faculty (burnout OR fatigue OR "self-care"), MM "Work-Life Balance", nurse faculty, educator, and burnout were also used to locate relevant articles, as was the addition of Google Scholar as an alternate database. The focus was on articles

published in 2016 and other articles published more recently, including: full-text, scholarly (peer reviewed) journals, and English language with date limits of 2016 – 2022. Exclusion criteria included: Articles prior to 2016, non-English language, secondary education faculty, and clinical nurse educator. Abstracts were reviewed for relevance to the PICO question. Cited articles were also reviewed if they seemed relevant to the search. In total, 31 articles were included in the systematic review of literature (SROL) table.

### **Problem Background**

An evaluation of the literature follows, according to the themes that emerged in relation to the previously stated PICO question. The critical analysis of the literature focused on key points related to this project, including summary of the publications' main points, a discussion of gaps in research, strengths and weaknesses, and evaluation of publication's contribution to the topic (PICO) and study question.

### **Systematic Review of Literature Narrative by Theme**

Four main themes emerged from the articles sourced for the Systematic Review of Literature (SROL) table. The prevalent themes were: 1) burnout and stress; 2) quality of life and worklife environment; 3) self-care/compassion and mindfulness; and 4) resilience and spirituality, respectively. The SROL articles supported the DNP project which asked, Will the implementation of a self-care intervention plan improve perceived quality of worklife, and decrease feelings of burnout in full-time nursing faculty at a university?

#### ***Burnout and Stress***

Several articles used tools/instruments to measure burnout and/or stress, such as the Oldenburg Burnout Inventory, versions/subscale of the Maslach Burnout Inventory (MBI, MBI-ES, MBI-HSS, MBI-EE, MBI-DP, MBI-PA), the Perceived Stress Scale (PSS), or other lesser-

known measures. These studies aimed to explore various faculty or clinical nursing roles and how using different interventions may diminish burnout. The variety of interventions ranged from a simplistic “kudos” board and animal assisted therapy to mindfulness meditation, and group guided reflections, centered around themes. Some studies simply sought to analyze underlying reasons for burnout. Strengths found in these studies include, low-cost and easily implemented interventions, evidence-based interventions, reliable and valid measurement tools, a variety of stress-reducing activities, useful insights on contributing factors to burnout, and strong sample size. Limitations included small sample size, non-valid instrument, inability to apply intervention across entire population, personal bias, thwarted data collection method, lack of randomized control group, limited pool of studies, dominance of singular voice in qualitative study, and intent to leave academia not delineated from intent to leave current employer (Adams et al., 2019; Aquino et al., 2018; Duke et al., 2019; Etingen et al., 2020; Flynn & Ironside, 2018; Galdino et al., 2021; Hamilton et al., 2019; Holden et al., 2020; Mahon et al., 2017; Montanari et al., 2018; Singh et al., 2020; & Yedidia et al., 2014). Additionally, burnout was discussed anecdotally in some qualitative studies (Luckett, 2020; Singh et al., 2021; Thomas et al., 2019; Wiklund Gustin et al., 2020).

### ***Quality of Work-Life Balance/Environment***

Quality of life was the next most common theme, and the Professional Quality of Life or Quality of Life scale, and the World Health Organization Quality Of Life-BREF (ProQOL, QOL, WHOQOL-BREF) was used to measure perceived QOL. Strengths of selected studies included use of qualitative open-ended questions, provided strong foundation for further exploration of work-life balance, and attention paid to what constitutes a healthy work environment. Limitations included a narrow sample pool that lacked diversity, limited sample environment

(single university or hospital), lack of control group, and suboptimal response to email survey (Antill Keener et al., 2021; Bonamer & Aquino-Russell, 2019; Farber et al., 2020; Keener et al., 2021; Kelly & Todd, 2017; & Owens, 2017). A qualitative study utilized photography to gain understanding of faculty lived experiences regarding perceived QOL and what constitutes a healthy work environment (Kirkham, 2016).

### ***Self-Care/Compassion and Mindfulness***

The third most prominent theme was self-care/compassion and mindfulness. Qualitative studies examined the impact of different interventions, such as creative arts, photography, meditation, mindfulness activities, and an animal-assisted support program. Strengths included holistic approaches for whole-being wellness, high participation of research subjects, discovery of the level of importance placed on mattering, and the recognition of the American Nurses Association Code of Ethics, Provision five (5), which asserts the responsibility of nurses to care equally for self. Limitations included, limited or overly broad scope, and the fact that not all people enjoy interacting with dogs (ANA, 2016; Childs et al., 2021; Etingen et al., 2020; Haizlip et al. 2020; Hawthorne & Barry, 2021; Henderson et al., 2020; Hendrickson et al., 2020; & Reed et al., 2020).

### ***Resilience and Spirituality***

Resilience and spirituality, either religious or non-religious, was the fourth theme that emerged. Both quantitative and qualitative tools/instruments were utilized to measure nurse spiritual self-care and resilience. Strengths included novel exploration of spiritual self-care, inclusion of data related to Covid-19 pandemic, wide range in representation geographically, in faculty designation, in years of experience, and in program types. Limitations included possible

oversight of relevant articles, small sample size, and potential bias (Ausar et al., 2021; Saaco & Kelly, 2021).

### **Summary of the Scope and Quality of Evidence**

Overall, the literature that addresses burnout is strong, but gaps in research include the need for larger sample sizes, more robust study on the effectiveness of interventions to combat burnout/stress, and more Level III: Controlled without randomization or higher level of evidence studies (Melnik & Fineout-Overholt, 2019). The more nurse faculty perceived [quality of] life balance, the less burnout was realized. Conversely, heavy workload and decreased job satisfaction were correlated with nurse faculty shortage (Keener et al, 2021). Resilience and spirituality practices have long been aligned with perseverance with one's role in an organization. Perseverance is more than mere persistence, as it includes the ability to overcome difficult and stressful circumstances while maintaining consistency and drive. There were limited qualitative studies found when researching literature for this project, but the studies yielded rich data that enables a more complete picture of self-care interventions that promote holistic wellness.

Most SROL articles were in support of the project/PICO. Well-being, psychological and physical health, were all cited as contributory factors to mitigating burnout (Adams et al., 2019; Reed et al., 2020). Competitive pay, manageable workload, adequate staffing, and healthy work environments were also important factors towards positive work-life balance and satisfaction in the nurse educator role (Kirkham, 2016; Owens, 2017). Resiliency was reported in faculty who engaged preemptively in mindfulness, meditation, self-compassion, and stress-management programs (Antill Keener et al., 2021; Mahon et al., 2017). Finally, connecting with nature, valuing joy, eating a healthy diet, exercising, getting adequate sleep, hydration, socialization, and

religious or spiritual practices fosters resilience (Hawthorne & Barry, 2021; Hendrickson et al., 2021). Quality data was derived from the literature, which provided many examples of measurement tools, study design, and potential self-care interventions for nursing faculty.

A “rating system for the hierarchy of evidence for intervention/treatment questions” was utilized to grade the selected articles in the SROL table (Melnik & Fineout-Overholt, 2019, p.18). Seven levels of evidence were utilized to grade the articles and of these 31 articles, five were Level III: Controlled trial without randomization, three were Level V: Evidence from systematic reviews of descriptive and qualitative studies. Most (20) of the 31 articles were Level VI: Evidence from a single descriptive or qualitative study. There were three Level VII articles: Evidence from the opinion of authorities and/or reports of expert committees (Table 1, Melnyk & Fineout-Overholt, 2019).

**Table 1**

***Scope of Evidence Table***

Level of Evidence	Number of Articles	Authors and Dates
I Systematic Review or Metanalysis		
II Randomized, Controlled Trial		
III Controlled Trial without Randomization	5	Adams et al. (2019); Bonamer & Aquino-Russell (2019); Etingen et al. (2020); Mahon et al. (2017); Montanari et al. (2018)
IV Case-control or Cohort Study		
V Systematic Review of Qualitative or Descriptive Studies	3	Ausar et al. (2021); Childs et al. (2021); Singh et al. (2020)
VI Qualitative or Descriptive Study	20	Antill Keener et al. (2021); Aquino et al. (2018); Duke et al. (2019); Farber et al. (2020); Flynn & Ironside (2018); Galdino et al. (2021); Haizlip et al. (2020); Hamilton et al. (2019); Hawthorne & Barry (2021); Henderson et al. (2020); Hendrickson et al. (2020); Holden et al. (2020); Kelly & Todd (2017); Keener et al. (2021); Kirkham (2016); Owens (2017a); Saaco & Kelly (2021); Singh et al. (2021); Wiklund Gustin et al. (2020); Yedidia et al. (2014)
VII Opinion or Consensus	3	Lockett (2020); Reed et al. (2020); Thomas et al. (2019)

(Melnik & Fineout-Overholt, 2019)

## Project Plan and Evaluation

### Market/Risk Analyses

#### *Project Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis*

A SWOT analysis provides an overview of the project's strengths, weaknesses, opportunities, and threats as shown in Table 2:

**Table 2**

#### *SWOT Analysis*

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Dedicated faculty</li> <li>• Strong leadership support</li> <li>• Desirable university/department</li> </ul>	<ul style="list-style-type: none"> <li>• Pay below the national average</li> <li>• Heavy workload</li> <li>• Lack of classroom, lab, and office space</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Grant will fund hiring of one new full-time nursing faculty</li> <li>• Start of master's in nursing (online) program – fall 2023</li> <li>• New hospital coming to region (TBA), expanding the availability of clinical sites</li> </ul>	<ul style="list-style-type: none"> <li>• Covid-19 variants, new pandemic or similar new outbreak threatens ability to have face-to-face clinical experiences</li> <li>• Faculty has many demands and may not fully participate in project</li> <li>• Faculty may leave department/university prior to project completion due to competitive salaries outside academia, new opportunities at competing nursing programs in the region, retirement, or terminal illness</li> </ul>

One strength of the university's nursing department was the dedicated full-time faculty. The department was the most stable it had been in a decade. Additionally, the nursing department leadership was very supportive which was a contributing factor to the new-found department stability. Overall, the university had been growing at a fast rate and the nursing department programs were well established as quality programs that were increasing in student admissions. Some weaknesses were the pay, which fell below the national average for nursing faculty. There were a total 15 full-time nursing faculty, and that limited number resulted in a heavy workload for each faculty member. Due to the rapid growth the university, and the development/addition of nursing programs, workload was anticipated to be an ongoing issue for the nursing department. The nursing department had four different levels of nursing programs



running, soon to be five, which included: the Certified Nursing Assistant (CNA) program, Paramedic/Licensed Practical Nurse (LPN) bridge program, pre-licensure Baccalaureate of Science in Nursing (BSN) program, Registered Nurse (RN)-BSN program, and the development/approval of the Master of Science in Nursing Education and Leadership (MSNel) program. Furthermore, the classroom, lab, and office spaces were lacking, which resulted in a creative approach to class/lab scheduling and necessitated some faculty members sharing office space. The opportunities were related to the department growth, which allowed an additional faculty position to be funded. However, a previous issue still loomed – when a new program had started or expanded the department was forced to make do with the faculty they had. Because nursing faculty leadership was sensitive to the needs of the department, a grant was completed and was funded, which covers the salary and benefits package for one new nursing faculty. The MSNel program was also approved, beginning fall 2023. The MSNel program approval could provide opportunity for faculty who participated in this project because some faculty may be able to let go of teaching some face-to-face courses, thus allowing a portion of the workload to be allocated to the new hire. Allowing existing faculty to diversify their workload, to include teaching online in MSNel program, would allow more schedule flexibility than the traditional face-to-face programs. The addition of a new hospital to the region, helps to alleviate the associated stress nursing faculty face placing students for clinicals due to competition for space with the other nursing programs. Threats include the development of new/problematic Covid-19 variants, or a new pandemic/similar new outbreak which could create a climate of unpredictability and force a return to only simulation for clinical experiences. Additionally, competing forces may have inhibited nursing faculty from fully participating in the project. Finally, the threat of disruption to the number of faculty participants was present due to

competitive salaries outside academia, new opportunities at competing nursing programs in the region, retirement, or terminal illness/death.

### ***Driving and Restraining Forces***

The driving force for this quality improvement project stems from the need for faculty to adopt self-care practices to avert burnout and to improve perceived quality of worklife. Several self-care interventions were appropriate to meet this need, but few were broad enough to be inclusive to all nursing faculty. As faculty incorporated their choices for self-care practices, they were projected to better manage their work-related stress. Anytime there is turnover, it creates stress and increased workload, so the importance of a proactive stance is paramount. Incorporation of self-care can promote the desire to persevere in a nursing faculty role, which will in turn provide stability within the nursing department. Moreover, a cohesive nursing faculty team will better prepare the future nursing workforce through consistency, resilience, and the modeling of self-care best practices.

Restraining forces for this project included competing priorities and lack of buy-in from the nursing faculty. Faculty have busy schedules and many competing demands on their time, so the threat of time constraint was a real concern. Additionally, there was the constant threat of faculty departure due to illness or another opportunity. Finally, the Covid-19 pandemic – although waning was a restraining force that loomed in the shadows. When the pandemic initially hit, spring 2020, most of the existing full-time nursing faculty were employed and the rapid shift in course delivery was highly stressful and time intensive. The threat of a new variant causing a similar shift was a possibility.

*Need, Resources, and Sustainability*

The need for this QI initiative was for full-time nursing faculty to adopt self-care practices to mitigate burnout. Resources included the DNP students time to develop and implement this project, and time to educate the nursing faculty. Population of Canvas shell with resources, support from administrative and IT staff, the MBI + AWS toolkit, and cards/tokens were additional resources that were included. Project sustainability for this QI initiative primarily included nursing faculty persevering with the adoption and integration of a holistic self-care practice, that would address the many aspects of personal wellness and nurture resilience. A holistic framework was offered to allow any physical limitations to be overcome by engaging in spirit and mind activities. The changes nursing faculty embraced during the project, could reduce stress and/or provide better tools to manage stressful situations. Another sustaining force of this project was the strong leadership support of the nursing department chair and dean. Furthermore, the DNP student felt passionate about changing the pervasive and outdated narrative of putting the needs of others before their own. Rather, the nursing faculty member could develop the self-efficacy to view self-care as fundamental as one's own personal hygiene routine. Overall, retaining full-time nursing faculty that have the resilience to deal with the stressors associated with their dynamic role is one of the most important sustaining forces. Jarosinski et al. (2021) stated, "the current national nurse faculty vacancy rate is 7.2%, with most of the positions (89.7%) requiring or preferring a doctoral degree" (p. 151). Because the nursing faculty shortage will continue to be problematic for many years to come, the importance of self-care to foster resilience has never been more salient.

***Feasibility, Risks and Unintended Consequences***

The feasibility of this QI project included reasonable time and expenses. The DNP student dedicated time towards developing the project and other researcher costs is detailed in the budget (Appendix A). There were no risks or harms to the participants. The sole unintended consequence was the expressed desire of faculty to have the continuation and maintenance of the self-care resources available through the Canvas Learning Management System.

***Stakeholders and Project Team***

Identification of key stakeholders was important to the project outcome. Moran et al. (2019) stated, “stakeholders can provide objective guidance on project implementation, identify options and/or solutions to address identified issues, provide input in areas in which there is an information gap, or help identify specific resources that are available to support the project” (p. 135). Mentors were among the micro level stakeholders for this project, including the DNP project chair, DNP nursing statistics faculty, DNP program faculty, DNP clinical mentor, and both the former and current nursing department chairs. Colleagues were also stakeholders, as they were directly affected by the outcome of the project and were supporting the DNP students' project through their participation. Additionally, family/friends of participating nursing faculty, and their nursing students, were considered stakeholders because they will be indirectly affected by the outcome of the project. Furthermore, the dean of the college of health sciences, and university administration at UT (project site) were macro level stakeholders. Finally, future employers and patients of the nursing program graduates, and the nursing profession, are macro level stakeholders because this project will have a ripple effect that will positively impact many lives.

The DNP project team included, the DNP student, the DNP project chair, the DNP nursing statistics faculty, and the UT Institutional Review Board (IRB) chair/DNP clinical mentor. Ancillary project support included Regis University IRB personnel and DNP program cohort students and faculty.

### ***Cost-Benefit Analysis***

A cost-benefit analysis examines the associated costs of this DNP quality improvement project related to the potential direct and indirect benefits to nursing faculty, students, and ultimately to the community at large (Waxman, 2018; Harrington 2022). The associated costs for this project, totaling \$765.65, was funded by the DNP student. However, the benefits were viewed as potentially far-reaching and an investment toward a worthwhile cause.

The initial costs included the \$117.00 (30 at \$3.90) of the Maslach Burnout Toolkit™ for Educators. Transform Survey Hosting (Data): Toolkit for Educators, \$400.00 (two [2] at \$200) for the Maslach Burnout Toolkit™ for Educators. Group Report: Toolkit for Educators, and \$75.00 (one [1] at \$75) Maslach Burnout Toolkit™ - Manual: AWS + MBI 4th Edition. Statistical Package for the Social Sciences (SPSS) -Version 29 at \$41.65. The additional costs of \$132.00 were attributed to personal note cards and small token incentives throughout the project. The DNP student time to develop/implement DNP project, including creation of the toolkit of self-care activities for faculty, and educating faculty about the project was part of the DNP clinical practice hours. Also, the time for faculty engagement in project self-care activities, and pre-post surveys, was available for faculty to participate during working hours. Finally, IT/Administrative support was provided by the university and the time needed for data analysis was provided by the DNP program. Refer to Appendix A to see the projected/actual budget and resource table for project.

The benefits of this project include diminished feelings of burnout and improved nursing faculty satisfaction in the areas of worklife through implementation of self-care practices. Another benefit is nursing faculty resilience and retention, which would help to offset the associated costs of recruitment and training of new nursing faculty. According to the Society for Human Resource Management (2016), the average time to fill position is around 40 days and the associated cost averages \$4,100. Once hired, there are extraneous costs incurred in training and orientation regardless of prior experience. Overall, the benefits are immeasurable and potentially far-reaching for the nursing department, university, scores of nursing students, patients, community, and the nursing profession.

### **Mission and Vision Statement**

The mission of this DNP project was to proactively avert feelings of burnout and enhance worklife quality through self-care practices, for full-time nursing department faculty at one university. The vision was the well-being of the mind, body, and spirit for all nursing faculty to imbue and integrate in their teachings to their students, patients, and communities.

### **Project Goal**

The project goal was to determine if implementing self-care practices decreases full time nursing faculty's feelings of burnout and improve perceived quality of worklife.

### **Outcomes/Objectives**

The primary outcome objective was to measure for a difference in faculty perceptions of burnout and quality of life pre- and post-implementation of the nursing faculty self-care intervention plan. The DNP student anticipated that there would be an improvement in scores on "Burnout Toolkit" survey (Mindgarden, 2018, para 1). Primary outcomes were measured through gathering objective data using the Maslach Burnout Inventory Toolkit for Educators, which

“combines the Areas of Worklife Survey (AWS) and the Maslach Burnout Inventory - Educator Survey (MBI-ES) to measure burnout in the worklife context” (Mindgarden, 2018, para.1). A secondary objective served as the foundation of the first, that was, to plan and implement a self-care intervention plan that faculty can use to mitigate feelings of burnout and work stress. The DNP student followed the projected timeline for this project as depicted in Appendix B.

### **Logic Model**

A logic model is useful for creating and implementing interventions that may address burnout and perceived quality of worklife in nursing faculty. The logic model includes stated outcomes or benchmarks and discusses the associated activities that will enable desired outcomes (W.K. Kellogg Foundation, 2004). Appendices C and D provide a visual model of the nursing faculty self-care intervention plan. Components of the Logic Model are threaded throughout this written proposal.

### **Population and Sampling Parameters**

The DNP student used purposive sampling as the sample type. Purposive sampling is a non-random type of sampling and is believed to be a good fit for this type of project because it allows the researcher to specify population of interest characteristics and locate those individuals that meet the criteria (Terry, 2018). The characteristics required of the population of interest included full-time nursing faculty from one western state university who carry a full workload, and who serve their department, university, community, and profession. The nursing faculty included are either tenure track or professional track; part-time nursing faculty were excluded because of limitations in their workload, which must not exceed 29 hours per week. Plus there are no requirements for part-time to serve on committees in the department, university, community, or profession. No specific demographics will be gathered, rather a general

description of faculty i.e., range of rank and years of experience. The target participant population was 15 ( $n = 15$ ), but the actual population was 9 ( $n = 9$ ). Polit (2010) states “the use of small samples is risky” (p.127). However, for this project the smaller sample size was beneficial.

The population for this DNP pilot project was homogenous. All were full-time faculty working at the same university and due to this homogeneity, a smaller sample was all that is required (Terry, 2018). Therefore, a power analysis was not conducted. Terry (2018) states, “the more homogenous the individuals in a population are, the smaller is the sample required to be representative of that population” (p. 122). Furthermore, Brians et al. (2010), as cited in Terry, 2018, explained that when the population of interest consists of 100 or fewer individuals, a sample should not be selected. Rather, the entirety of the population should be included (Brians et al., 2010, as cited in Terry, 2018). Since all 15 full-time nursing department faculty were included in this project, and that number fell far below the stated 100-person threshold, a sample was not selected.

### **Project Setting**

The setting of the quality improvement project was within a university’s nursing department, located in a western state. This university is a public institution of higher education and is accredited by the Northwest Commission on Colleges and Universities. The nursing department is located off site from the main campus in a stand-alone building that houses a variety of health science programs and is within walking distance to the regional hospital. The nursing department has a variety nursing programs. All degree granting programs are fully accredited through the Accreditation Commission for Education in Nursing (ACEN), and the CNA certificate program is an approved program through the state nursing assistant registry.



Student enrollment is between 350-400 students, and delivery method is primarily face-to-face. The RN-BSN program is delivered 100% online, and the MSN will also.

### **QI Project Study Design and Variables**

The DNP student used a pre-post survey design to collect quantitative data to answer the study question. Quantitative research allows the DNP student/investigator “to establish correlational and causal relationships between variables” (Terry, 2018, p. 74). A quantitative research design removes any emotional context and allows statistical significance to remain the primary focus of the project (Terry, 2018). Furthermore, the pretest-posttest design was well-suited to this type of project, as the DNP student/investigator was able to look at the outcome of interest before and after the intervention has been applied, which is a “practical method of assessing the impact of an intervention” (Terry, 2018, p. 76). The self-care implementation plan was the independent variable or “intervention,” while the scores on the Maslach Burnout Inventory Toolkit for Educators was the dependent variables or “outcome” (Cullen, 2021; Terry 2018). Covid-19 variants, other illnesses, and lack of participant buy-in were all extraneous variables that had to be considered throughout this project.

### **Description of Intervention and Treatment Protocol and Data Collection**

#### ***Intervention***

The options for self-care embodied a holistic approach – mind, body, and spirit. Holistic self-care needs to be embraced, and made a priority on par with water, healthy diet, adequate sleep, exercise, spending time in nature, and socialization (Hawthorne & Barry, 2021). The study participants chose activities from each of the three self-care intervention categories (mind, body, and spirit), and practiced integration of the selected activities into their work week.

Mind focused self-care options included reflective journaling, reading for pleasure, and creative pursuits such as painting/coloring, puzzles, or knitting/crocheting. Exploration of many creative expressions can have a positive effect on general well-being, and in preventing burnout syndrome (Reed et al., 2020). Body focused self-care options included all forms of movement, for example, walking/hiking, biking, or swimming. Also, cooking/consuming a healthy meal, drinking water, and rest/sleep. Luckett (2020) found that burnout prevention includes taking uninterrupted time away from demands of workload, which occurs when engaging in body focused self-care practices. Spirit focused self-care options included praying/meditation, yoga, cleansing breath work, and unplugging from technology. Studies have shown mind nurturing activities, such as meditation to be effective in building resilience, and resilience was significantly inversely correlated with burnout (Bonamer & Aquino-Russell, 2019; Mahon et al., 2017). The DNP student collaborated with a member of the IT staff to create a Canvas shell for a self-care repository. Additionally, the leadership team was tasked with motivating faculty to take time to recharge during their workday, which helped to facilitate the second of Kotter's eight-step plan for implementing change via the formation of a powerful coalition to lead change (McEwen & Wills, 2019). Time spent by faculty participating in self-care activities was not tracked. However, it is worth noting that the American Heart Association (AHA, 2015 as cited in Ross et al., 2018) recommends that nurses, at minimum, engage in 150 minutes of moderate or 75 minutes of intense physical activity per week in addition to consuming five or more servings of fresh fruit and vegetables. However, these recommendations are not inclusive of a holistic approach and few nurses meet these minimum recommendations (Ross et al., 2018).

Prior to the start of the fall semester, the DNP student populated the Canvas course and uploaded all the selected evidence-based self-care interventions. Additionally, the DNP student

provided links to the university's health center, which is a workout facility located on the main campus with a pool and fully outfitted gym. The link made accessing the facility hours and class schedules/events more easily accessible for nursing faculty, who have the benefit of complimentary access. The DNP student also coordinated with the campus wellness center and health science programs (i.e., physical therapy) to post information about three upcoming wellness initiatives during the semester, such as morning yoga/stretch classes or other similar offerings. Furthermore, information was provided about a space the DNP student created for faculty to access if they need a quiet space to be alone. The *Mindful Moments/Meditation Room* was furnished with a comfortable chair, peaceful artwork, a Bluetooth speaker with links to suggested relaxation stations posted, a small Buddha board for painting with water, a calming scented reed diffuser, bottled water, mini nutrition bars, and a sink with hand soap, water, and paper toweling. Finally, the DNP student created and anonymously distributed, via help from the nursing department administrative staff, handwritten inspirational quotes and notes of encouragement that supported the aims of the project. Adams et al. (2019) found that self-reported burnout, among purposive sample of emergency department nurses, was significantly reduced with the implementation of evidenced-based Cultural Change Toolkit, which included a communal shout-out bulletin board and thank you cards. The small amount of discretionary money that was available for the project (see Appendix A) was put towards note cards and small tokens incentives.

### ***Treatment Protocol and Data Collection***

The project did not commence until after the DNP student had secured approval from the Institutional Review Board (IRB). Once all approval documentation was in place, the project moved forward in the following ways.

1. The DNP student presented information about the study to the prospective participants, during an in-person departmental faculty meeting, the week prior to the start of the fall semester. The DNP student explained to the prospective participants information about any possible risks, which were minimal to none, and the potential benefits of their involvement with the project. A plainly worded information sheet was provided. Participation was voluntary. Refer to Appendix E to view the Information Sheet.
2. Study participants were given access to the pre-survey for approximately three weeks through Mind Garden website (Dates: August 16, 2022-September 5, 2022)
3. Next, all nursing department faculty were added to the Canvas shell, by designated IT staff, as faculty was de-identified, and could commence with participation in the self-care practices intervention on September 6, 2022.
4. Throughout the intervention phase, nursing department administrative staff, distributed DNP student generated handwritten inspirational quotes and notes of encouragement, to all 15 full-time nursing faculty, that supported the aims of the project.
5. Faculty, whether they had voluntarily agreed to participate in the study or not had access to the Canvas resources throughout the projected duration (project end date November 30, 2022), and beyond. The study participants, and any non-participating full-time nursing faculty, had full access to the Canvas shell for 12 weeks total, and it now serves as a repository for accessing the project related self-care resources.
6. Study participants had access to the post-survey for three weeks through Mind Garden website (Dates: 11/30/22-12/20/22).

7. Data analysis of study results was performed Spring 2023.
8. Results of study will be shared with SON leadership and faculty following approval of DNP Capstone Defense, Spring 2023.

### **Instrument Description, Validity and Reliability**

The Maslach Burnout Inventory Toolkit for Educators combines the Areas of Worklife Survey (AWS) and the Maslach Burnout Inventory - Educator Survey (MBI-ES). Burnout is measured surveying research subjects on three scales: Emotional Exhaustion (EE), which measures “feelings of being emotionally overextended and exhausted by one's work,” Depersonalization (DP), that measures “an unfeeling and impersonal response toward recipients of one's instruction,” and Personal Accomplishment (PA), measuring “feelings of competence and successful achievement in one's work” (Maslach et al., 2018b, para. 3). The AWS assesses factors in the work environment that may be contributing to burnout, which includes the following: Workload, “the amount of work to be done in a given time.” Workload captures the “extent to which work demands spill into personal life, the social pressures, and the physical and intellectual burden of job demands.” Control, “the opportunity to make choices and decisions, to solve problems, and to contribute to the fulfillment of responsibilities.” Reward, “recognition - financial and social - received for contributions on the job including praise, awards, perks, and salary.” Community, “quality of the social context in one’s work, encompassing relationships with managers, colleagues, subordinates, and students.” Fairness, “the extent to which the organization has consistent and equitable rules for everyone, or the quality of justice and respect at work.” And values, “what matters to individuals at work.” The focus is “the consistency between the personal values one brings to the profession and the values inherent in the organization where they work” (Mindgarden, 2018b, para. 4).

The DNP student received formal permission via an electronic letter to use these measurement tools: Maslach Inventory Toolkit for Educators on May 27, 2022 (see Appendices F and G), and the surveys were administered electronically to study participants utilizing the Mind Garden Transform™ survey hosting system (Mindgarden, 2018b). The AWS has 28 items, and the MBI-ES has 22 items. Combined, it was estimated to take 25 to 30 minutes for respondents to complete (Mindgarden, 2018a). MBI-ES + AWS questions use a frequency scale to rate responses, which is labeled at each point and ranges vary from a 5-point scale for AWS ranging from 1 (Strongly Disagree), through 3 (Hard to Decide), to 5 (Strongly Agree) or 6-point scale from 0 ("Never") to 6 ("Every day") for MBI-ES (Mindgarden, 2018a, p. 32).

### ***Validity and Reliability***

Conscious bias, of the researcher, is a risk with purposive, nonprobability sampling. According to LoBiondo-Wood and Haber, 2013, as cited in Terry, 2018, the risk for bias is increased when the population has greater heterogeneity. The hand selection of research subjects meant that the results are not easily transferrable to the greater population, and thus are acknowledged as a limitation. Because there was not a control group or randomization – some other factor could have impacted on the outcome of this research project. The outcome measurement tools, which are a combination of MBI-ES and AWS, are valid and reliable, have been used extensively and can be relied upon for a research project of this nature (Adams et al., 2019; Montanari et al., 2018; Maslach et al., 2018; Stamm, 2016).

A Pearson Correlation was run to test for internal validity in the AWS (Table 3). Each subset of the tool was compared to the aggregate. Reward (preaggawsrwd) and Values (preaggawsvs) did not show validity (p value > .05). A Pearson Correlation was also run to test for internal validity in the MBI-ES (Table 4). Emotional Exhaustion (preaggmbiee) showed

validity ( $p < .05$ ) and Depersonalization (preaggMBIDP), personal accomplishment (preaggMBIPA) did not show validity.

**Table 3**

***Pearson Correlation Table - AWS Tool Validity***

Correlations								
Correlations								
		preaggawswd	preaggawscd	preaggawsrcd	preaggawscy	preaggawsf	preaggawsv	preaggaws
preaggawswd	Pearson Correlation	1	.375 <sup>*</sup>	.114	.354 <sup>*</sup>	.409 <sup>**</sup>	.040	1.000 <sup>**</sup>
	Sig. (2-tailed)		.024	.510	.017	.005	.818	<.001
	N	45	36	36	45	45	36	45
preaggawscd	Pearson Correlation	.375 <sup>*</sup>	1	.267	.470 <sup>**</sup>	.324	.013	.375 <sup>*</sup>
	Sig. (2-tailed)	.024		.115	.004	.054	.940	.024
	N	36	36	36	36	36	36	36
preaggawsrcd	Pearson Correlation	.114	.267	1	.325	.238	.422 <sup>*</sup>	.114
	Sig. (2-tailed)	.510	.115		.053	.163	.010	.510
	N	36	36	36	36	36	36	36
preaggawscy	Pearson Correlation	.354 <sup>*</sup>	.470 <sup>**</sup>	.325	1	.130	-.007	.354 <sup>*</sup>
	Sig. (2-tailed)	.017	.004	.053		.393	.969	.017
	N	45	36	36	45	45	36	45
preaggawsf	Pearson Correlation	.409 <sup>**</sup>	.324	.238	.130	1	.061	.410 <sup>**</sup>
	Sig. (2-tailed)	.005	.054	.163	.393		.723	.002
	N	45	36	36	45	54	36	54
preaggawsv	Pearson Correlation	.040	.013	.422 <sup>*</sup>	-.007	.061	1	.040
	Sig. (2-tailed)	.818	.940	.010	.969	.723		.818
	N	36	36	36	36	36	36	36
preaggaws	Pearson Correlation	1.000 <sup>**</sup>	.375 <sup>*</sup>	.114	.354 <sup>*</sup>	.410 <sup>**</sup>	.040	1
	Sig. (2-tailed)	<.001	.024	.510	.017	.002	.818	
	N	45	36	36	45	54	36	252

\*. Correlation is significant at the 0.05 level (2-tailed).  
 \*\*. Correlation is significant at the 0.01 level (2-tailed).

Legend		
preaggawswd	=	pre-test aggregate Areas of Worklife Survey (AWS) – Workload
preaggawscd	=	pre-test aggregate AWS – Control
preaggawsrcd	=	pre-test aggregate AWS – Reward
preaggawscy	=	pre-test aggregate AWS – Community
preaggawsf	=	pre-test aggregate AWS – Fairness
preaggawsv	=	pre-test aggregate AWS – Values
preaggaws	=	pre-test aggregate AWS

**Table 4*****Pearson Correlation Table – MBI-ES Tool Validity***

➔ **Correlations**

		<b>Correlations</b>			
		preaggmbiee	preaggMBIDP	PreAggMBIPA	preaggmbies
preaggmbiee	Pearson Correlation	1	.084	.168	1.000**
	Sig. (2-tailed)		.582	.157	<.001
	N	81	45	72	81
preaggMBIDP	Pearson Correlation	.084	1	.191	.084
	Sig. (2-tailed)	.582		.208	.582
	N	45	45	45	45
PreAggMBIPA	Pearson Correlation	.168	.191	1	.168
	Sig. (2-tailed)	.157	.208		.157
	N	72	45	72	72
preaggmbies	Pearson Correlation	1.000**	.084	.168	1
	Sig. (2-tailed)	<.001	.582	.157	
	N	81	45	72	198

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Legend**

preaggmbiee = pre-test aggregate Maslach Burnout Inventory (MBI) – Emotional Exhaustion

preaggMBIDP = pre-test aggregate MBI – Depersonalization

PreAggMBIPA = pre-test aggregate MBI – Personal Accomplishment

preaggmbies = pre-test aggregate MBI – Educator Survey

**Protection of Human Subjects**

Conducting research and working with human subjects requires ethical consideration. The protection of human rights must be of primary importance in any project. The DNP student completed the Collaborative Institutional Training Initiative (CITI) training course and the required completion report as required (Appendix H). Prior to implementing the project, a site approval letter was obtained from the university's college of health sciences nursing department chair (Appendix I) and the DNP student sought approval in the form of an IRB Authorization Agreement in alliance with the site university and Regis University (Appendix J). The RU IRB determined that project was not research and instructed to proceed as written, as a quality improvement project (Appendix K).



Risks of harm to the participants were none. Participation or non-participation in this self-care QI initiative did not impact employment and performance of any nursing faculty. No pay to study participants was involved. However, small token gifts with a value of less than five dollars may have been given to all full-time faculty/study participants.

All full-time faculty were required to attend a mandatory pre-semester nursing department meeting, and permission to present the DNP project at that meeting was granted by the nursing department chair. The DNP student discussed the information sheet with faculty. Participation in the pre-post MBI + AWS surveys was voluntary. Confidentiality and anonymity of the participants was ensured by de-identification of any data and will be protected in a secured database for three years.

## **Data Analysis**

### ***Statistical Tests***

The gathered data was analyzed using descriptive and inferential statistics with the assistance of the statistics faculty at RU. The entirety of the participant group was full-time nursing faculty, working in the same department, at one university. A pretest-posttest survey design was utilized, meaning the same group was surveyed before and after the self-care intervention plan (Polit, 2010). The pretest-posttest collected interval levels of measurement data.

### ***Meaning and Representation of Findings***

Tables are utilized to present the findings of the survey results. Paired-sample statistics for AWS and MBI-ES compared pre-survey mean scores to the post-survey mean scores (Table 6). A bar graph (Figure 1) presents the survey results from the AWS, assessing contributory factors of worklife quality towards burnout such as workload, control, reward, community,

fairness, and values (Mindgarden, 2018b). Three additional charts (Figures 2-4) represent the outcomes from the MBI-ES and delineates the categories of emotion exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). Additional visual aids, such as interpretive tables or figures, have been provided to evaluate correlations and to provide meaningful insights to the outcomes.

### **Project Findings and Results**

Fifteen (N=15) nursing faculty were invited to participate in this QI project and nine (n=9) participated in the pre-post survey. However, the self-care resources and intervention were directed to all full-time nursing faculty. The nursing department makeup was similar to what is seen in other studies, with a combination of novice, intermediate, and expert level nursing faculty. Pre- and post-intervention survey response rate was nine out of fifteen, which was a 60% response rate. Results and scoring were analyzed/calculated using SPSS v29 and Mind Garden Transform™ platform. A Cronbach's alpha was run, and the result was .612, indicating a moderate level of reliability. Study findings are summarized as they relate to the study objective of measuring for a difference in faculty perceptions of burnout and quality of life pre- and post-implementation of the nursing faculty self-care intervention plan.

A paired-sample t-test compared the pre-survey mean score to the post-survey mean score for the AWS (Table 5, pair 1). The results indicated a difference between the mean scores, which was not statistically significant ( $t = -.477, p > .05$ ). Mean score AWS pre-survey = 3.52 and the mean for AWS post-survey = 3.56. Although not statistically significant, there was a shift in the mean score that occurred across the six subscales. Mind Garden Transform™ platform was used for analysis. A paired sample t-test also compared the pre-survey mean score to the post-survey mean score for the MBI-ES (Table 5, pairs 2, 3, 4). The results indicated a

### Table 5

### *AWS + MBI Paired Sample T-Test Statistics*

# AWS + MBI Paired Sample Statistics

## T-Test

[DataSet0]

### Paired Samples Statistics

	Mean	N	Std. Deviation	Std. Error Mean
Pair 1 preaggaws	3.52	252	1.016	.064
PostAggAWS	3.56	252	1.053	.066
Pair 2 preaggmbiee	2.49	81	2.007	.223
PostAggMBIEE	2.44	81	1.823	.203
Pair 3 preaggMBIDP	1.09	45	1.730	.258
PostAggMBIDP	.93	45	1.529	.228
Pair 4 PreAggMBIPA	4.71	72	1.665	.196
PostAggMBIPA	4.76	72	1.429	.168

### Paired Samples Test

		Paired Differences						Significance	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	
					Lower	Upper			One-Sided p
Pair 1	preaggaws - PostAggAWS	-.032	1.056	.067	-.163	.099	-.477	251	.317
Pair 2	preaggmbiee - PostAggMBIEE	.049	2.318	.258	-.463	.562	.192	80	.424
Pair 3	preaggMBIDP - PostAggMBIDP	.156	1.796	.268	-.384	.695	.581	44	.282
Pair 4	PreAggMBIPA - PostAggMBIPA	-.056	1.807	.213	-.480	.369	-.261	71	.397

No statistically significant findings p > .05

### Legend

**Pair 1**  
 Preaggaws = pre-test aggregate Areas of Worklife Survey (AWS)  
 postAggAWS = post-test aggregate AWS

**Pair 2**  
 Preaggmbiee = pre-test aggregate Maslach Burnout Inventory (MBI)-Emotional Exhaustion (EE)  
 PostAggMBIEE = post-test aggregate MBI-EE

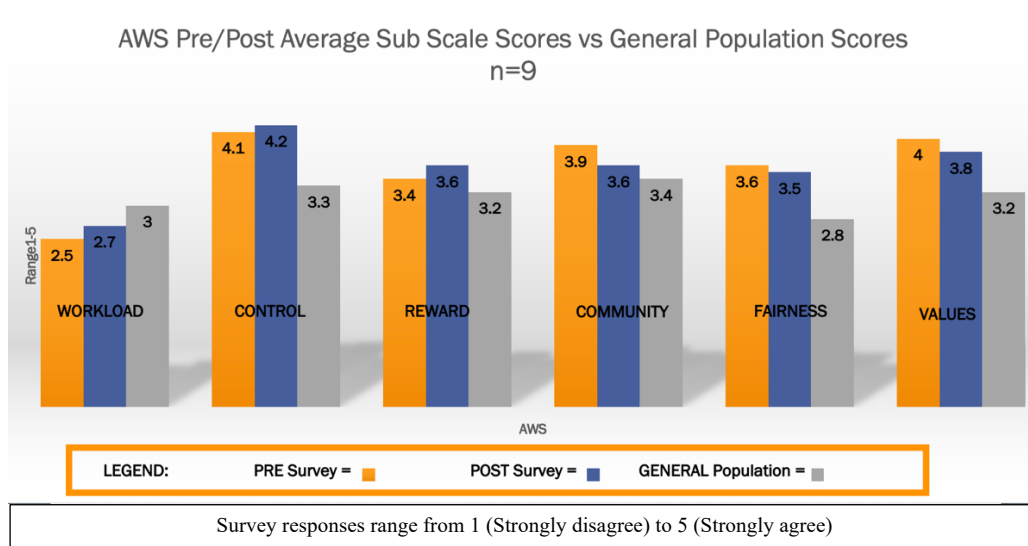
**Pair 3**  
 preaggMBIDP = pre-test aggregate MBI-Depersonalization (DP)  
 PostAggMBIDP = post-test aggregate MBI-DP

**Pair 4**  
 PreAggMBIPA = pre-test aggregate MBI-Personal Accomplishment (PA)  
 PostAggMBIPA = post-test aggregate MBI-PA

The project sample's (n=9) pre- and post-survey average scale scores, for the Areas of Worklife Survey (AWS), are shown in a bar graph (Figure 1). Scores from a general population of 22,000+ people across a diversity of occupations were included for comparison. The scales used a low-to-high score ranking – low scores indicated a mismatch (poor worklife quality) with work environment. Work environment is considered a root cause of burnout. A lack of fit, or mismatch, between the educator and the institution can lead to burnout.

**Figure 1**

*Areas of Worklife Survey Results*



The AWS looks at six key areas to assess the fit between employees and the institution. These include workload, control, reward, community, fairness, and values.

1. **Workload.** The volume of work to be completed within a timeframe. When manageable, can be enjoyable, allowing pursuit of career objectives and room for professional development. When unmanageable, can feel chaotic and employee may feel demands are too great. An overall shift of + .2 towards goodness of fit was found

between the pre- and post-survey results in workload, and result was .3 below the general population findings.

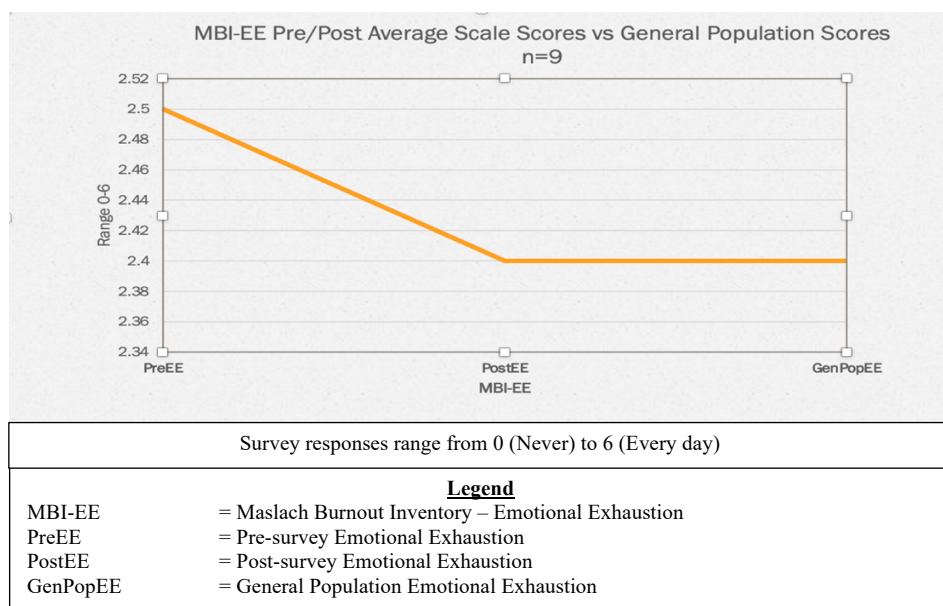
2. **Control.** The autonomy to make choices and decisions, problem solve, and to accomplish the responsibilities of the job. A correlation between control and accountability equates to a good match. Whereas a poor match can occur when control is lacking – impacting the ability to meet their responsibilities. An overall shift of + .1 towards goodness of fit was found between the pre- and post-survey results in control, and result was .9 above the general population findings.
3. **Reward.** Recognition, financial or social, for contributions made to the organization or work. Acknowledgement for contributions is appreciated. When recognition is lacking, it leads to diminished value of work and self. An overall shift of + .2 towards goodness of fit was found between the pre- and post-survey results in reward, and result was .4 above the general population findings.
4. **Community.** Social environment quality within an institution and connectivity between coworkers. Lack of connection among coworkers is correlated with misalignment within the department/institution. An overall shift of - .3 towards a mismatch was found between the pre- and post-survey results in community, and result was .2 above the general population findings.
5. **Fairness.** Extent of equitability among all employees, and consistency with allocation of resources and procedures. When in place, communicates employee respect. Lack of fairness equates confounding values and harms relationships with people. An overall shift of - .1 towards mismatch was found between the pre- and post-survey results in fairness, and result was .7 above the general population findings.

6. **Values.** Reflects what is most important to the individual and institution. Alignment of values equals shared success. Whereas misalignment between the institution and employee creates a mismatch. An overall shift of -.2 towards mismatch was found between the pre- and post-survey results in values, and result was .6 above the general population.

The project sample's (n=9) pre- and post-survey average scale scores, for the Maslach Burnout Inventory-Emotional Exhaustion (MBI-EE), are depicted in a line graph (Figure 2). The frequency scores from a general population of 4,000 educators were included for comparison. The survey responses ranged from 0 (never) to 6 (every day). Higher EE contributes to burnout. The pre-test average scale score was higher than the general population score, and the post-test average scale score was equivalent to the general population educator's score.

**Figure 2**

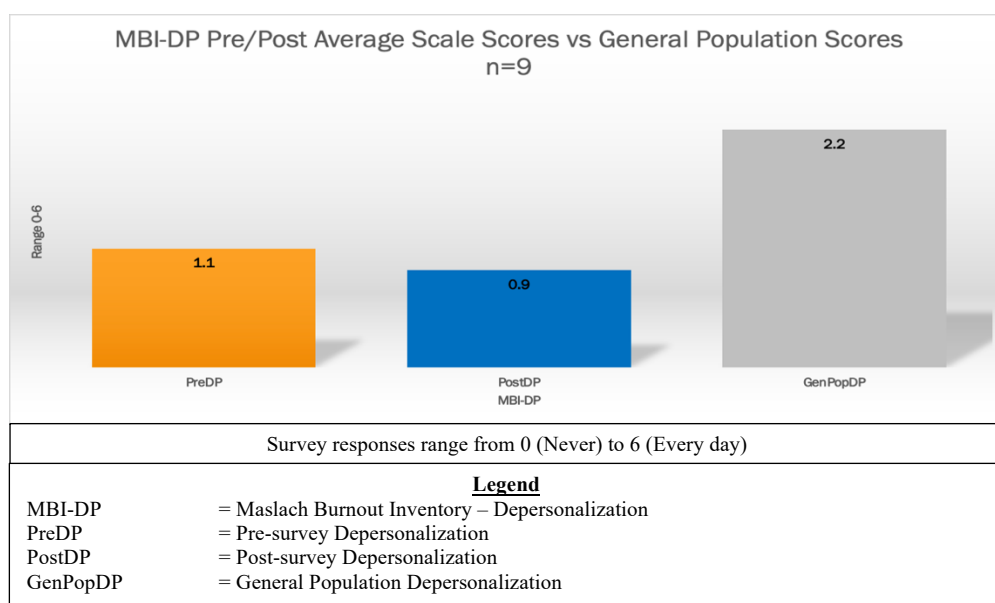
***Emotional Exhaustion Survey Results***



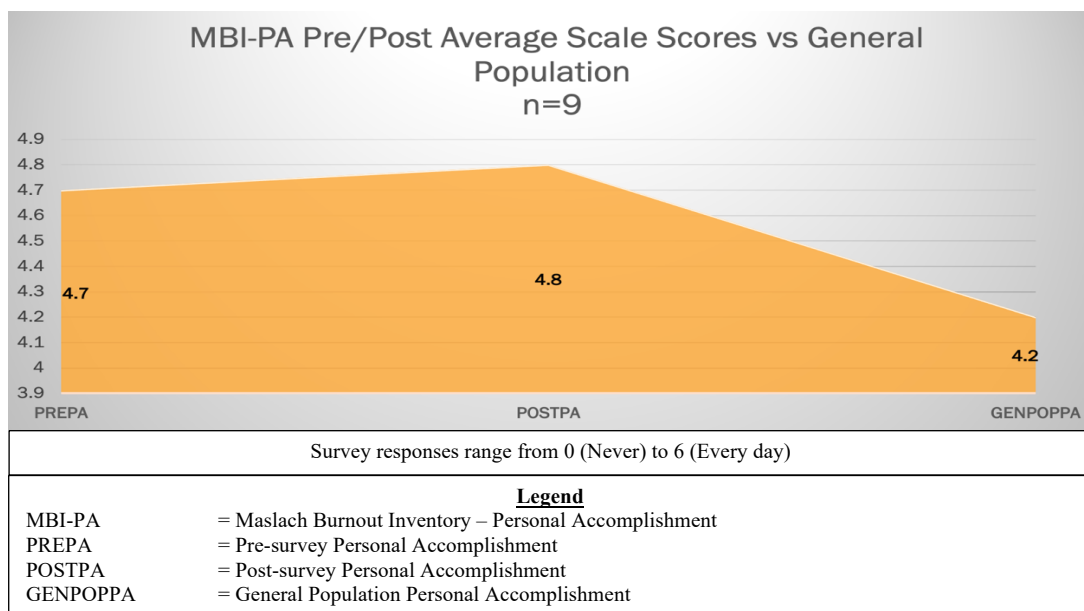
The pre- and post-survey average scale scores, for the Maslach Burnout Inventory-Depersonalization (MBI-DP), are depicted in a bar graph (Figure 3). The frequency scores from a general population of 4,000 educators were included for comparison. The survey responses ranged from 0 (never) to 6 (every day). Higher DP contributes to burnout. The pre- and post-test average scale scores were lower than the general population educator's scores.

**Figure 3**

***Depersonalization Survey Results***



The pre- and post-survey average scale scores, for the Maslach Burnout Inventory-Personal Accomplishment (MBI-PA), are displayed in an area chart (Figure 4). The frequency scores from a general population of 4,000 educators were included for comparison. The survey responses ranged from 0 (never) to 6 (every day). Higher PA reduces burnout. The pre- and post-test average scale scores were higher than the general population educator's scores.

**Figure 4*****Personal Accomplishment Survey Results***

This DNP project's objective was to explore if the implementation of a self-care intervention plan improved the nursing faculty's perception of quality of worklife and decreased feelings of burnout at one university. Although there was no statistical significance in the pre- and post-survey scores, there was an improvement with feelings of burnout post implementation, along with an incremental positive shift in the quality of worklife and in three of the six subscales. See Appendix L for two faculty/participant anecdotal notes.

**Limitations, Recommendations, Implications for Change**

Limitations of the study included exclusivity of one nursing department, sample size, homogeneity of sample, and limited duration of project. Recommendations are to increase the sample size, to include qualitative questions to derive general feelings of study participants pre- and post-study, and for a longitudinal study design. The findings of in this project support future



focus on nursing faculty self-care practices: to increase retention and resiliency, to model best practices and integration into curriculum, and to attract students to the nursing educator track.

### **Conclusion**

Nursing faculty are at risk for feelings of burnout and diminished quality of worklife, which further places them at risk for negative outcomes. This paper discussed the problem and how implementing a self-care practice could impact nursing faculty burnout and quality of worklife. Additionally, this paper discussed the purpose for this QI pilot initiative and its potential impact on one university. A literature review examined how articles were sourced and detailed the level of evidence. The literature review summarized and synthesized the SROL related to the PICO statement/question. A combination of nursing theories was utilized to formulate a self-care intervention plan for nursing faculty to be implemented in a nursing department at a university. A logic model detailed short and long-term benchmark targets and literature from a seminal study supported these benchmarks. This QI project utilized an evidence-based design methodology/measurement. Measurement was obtained using a pre-post survey design and the study was quantitative. A purposive sampling technique was utilized with inclusion of full-time nursing faculty and exclusion of part-time nursing faculty (N=15, sample size n=9). Implementation of a 12-week self-care intervention transpired. Post-data were obtained. Data were analyzed using a combination of SPSS v29 and Mind Garden Transform<sup>TM</sup> Platform. Outcomes showed nursing faculty involvement in practicing self-cares. Although there was no statistical significance in the pre-and post-survey scores, there was an improvement with feelings of burnout post implementation, along with an incremental positive shift in the quality of worklife and in three of the six subscales. Finally, this study revealed the need for additional research on the impact of self-cares practices among nursing faculty to mitigate feelings of

burnout and quality of life. Findings further support future focus on nursing faculty self-care practices to foster retention and resiliency, to model best practices, to integrate self-care practices into core curriculum, and to inspire students to pursue the nursing educator track.

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## Appendix A

### Budget and Resources

<b>Resource Item (Personnel, Time, &amp; Equipment)</b>	<b>Cost for DNP Project to PI</b>
1. DNP student time to develop/implement DNP project (Creation of toolkit of self-care activities for faculty, educating faculty about project, etc.)	Part of DNP Clinical Practice Hours
2. Time for Faculty Engagement (orientation to project, participation in self-care activities and time to take pre-post surveys)	Time will be available for faculty to participate during work hours.
3. Cost to Deliver Survey: (Maslach Burnout Toolkit™ for Educators - Transform Survey Hosting (Data): Toolkit for Educators	\$117.00
4. Maslach Burnout Toolkit™ for Educators - Group Report: Toolkit for Educators	\$400.00
5. Maslach Burnout Toolkit™ - Manual: AWS + MBI 4th Edition)	\$75.00
6. IT/Administrative support	Provided by university
7. SPSS-Version 29	\$41.65
8. Time for Data Analysis	Provided by DNP program
9. Personal note cards and small token incentives	\$132.00
<b>Total Cost</b>	<b>\$765.65</b>

## Appendix B

### Project Timeline

	Fall 2021	May 2022	June 2022	July 2022	August 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	April 2023
PICO Identified													
Literature Review													
Write Proposal													
IRB Approval													
Canvas SC course													
Recruit faculty													
Intervention Implementation													
Data Collection													
Data Analysis													
Defense													
Dissemination													

The projected time frame for this study is one academic semester, fall 2022. The DNP student, after receiving IRB approval, will implement the intervention plan, collect data, and begin analysis. Data analysis will continue into spring 2023, the final written capstone project will be completed, and the DNP student will disseminate and defend the project findings at the end of spring semester, 2023.

## Appendix C

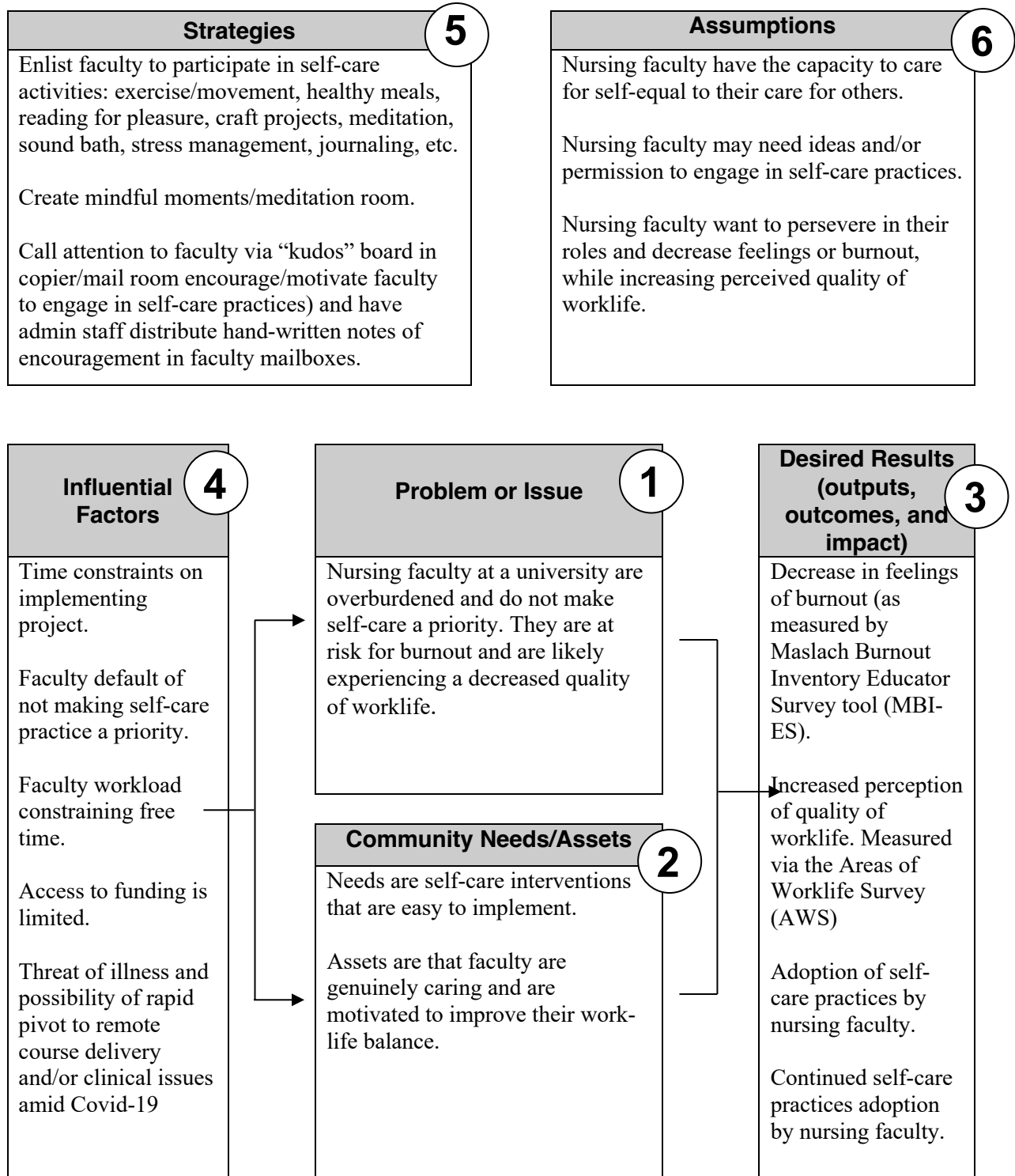
## Logic Model

RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	SHORT & LONG-TERM OUTCOMES	IMPACT
<i>In order to accomplish the Set of activities we will need the following:</i>	<i>In order to address our problem or asset we will accomplish the following activities:</i>	<i>We expect that once accomplished these activities will produce the following evidence of service delivery:</i>	<i>We expect that if accomplished these activities will lead to the following changes in 1-3 then 4-6 years:</i>	<i>We expect that if accomplished these activities will lead to the following changes in 7-10 years:</i>
<p>Full-time nursing faculty to participate in pre-post test surveys.</p> <p>Full-time nursing faculty to participate in self-care interventions.</p> <p>Maslach Burnout Inventory Scale-Educator Survey (MBI- ES) &amp; Areas of Worklife Survey (AWS) to measure burnout (Adams et al., 2019; Aquino et al., 2018).</p> <p>Funds for burnout tool survey.</p> <p>Funds for self-care interventions: "Kudos" board (Adams et al., 2019).</p> <p>Online survey tools i.e., SPSS.</p> <p>Approval and support from Nursing Department Chair and Dean of the College of Health Sciences.</p> <p>Oversight and implementation of self-care interventions by Primary Investigator (PI)/Harrington.</p>	<p>Enlist faculty to participate in self-care interventions (variety of evidence-based, holistic practices to engage in).</p> <p>Solicit faculty participation in pre-/post surveys (MBI-ES + AWS).</p> <p>Create opportunities to indirectly encourage faculty via online resources (Canvas shell) and through personal notes of caring at work (faculty work room mailbox).</p> <p>Create "mindful moments" room.</p> <p>Faculty "kudos" board in copier/mail room to increase perceived QoL.</p> <p>Recognize faculty and encourage goal setting for self-care interventions.</p>	<p>The majority (&gt; 50%) of full-time nursing faculty will participate and complete the pre- post-test surveys (MBI- ES &amp; AWS)</p> <p>The majority (&gt; 50%) full-time nursing faculty will engage in a self-care interventions (time will not be tracked).</p> <p>All full-time nursing faculty (100%) will be included in the intervention self-care QI project.</p>	<p>Short-term outcomes are adoption by faculty of sustainable self-care activities. Self-care practices reduce feelings of burnout and improve perceived quality of life.</p> <p>Long-term outcomes are continued reports of reduction in feelings of burnout and improved quality of life. Faculty are more invested in one another's well-being and engage in common interests that foster communal self-care.</p> <p>Nursing faculty add self-care practice into didactic and clinical settings, sharing their personally curated "toolkit" for avoiding burnout and fostering an improved quality of life.</p>	<p>Nursing programs adopt "Caring for self" as integral component in nursing program curricula at all levels.</p> <p>Nursing faculty model and promote self-care activities. Students are assigned activities, such as making a date with themselves to engage in activity that is important to them, and routinely practice journaling, meditation, and creative arts to balance the demands of the profession (Hawthorne &amp; Barry, 2021).</p> <p>The importance of the American Nurses Association, Code of Ethics, Provision Five, which acknowledges the importance of caring for self and seeking a balance of work and personal life is fully realized (Olson &amp; Stokes, 2016).</p>

(Evaluation Logic Model Guide, W.K. Kellogg Foundation, Page 54)

## Appendix D

## Logic Model Flowchart



## Appendix E

### Information Letter

#### QI Project: The Impact of Self-Care on Nursing Faculty Burnout and Worklife

7.15.22

Dear Faculty,

I am Jennifer Harrington, and I currently teach in the nursing program at Utah Tech University. I am finishing my Doctor of Nursing Practice (DNP) degree at Regis University in Denver, Colorado. One of the requirements for the degree is the completion of a Quality Improvement Project (QI). Although the nursing shortage, associated worklife quality, and burnout have been well documented in clinical nursing, few have focused on burnout and worklife quality in nursing faculty within the field of academia. My project titled, *The Impact of Self-Care on Nursing Faculty Burnout and Worklife*, is seeking to evaluate if an evidence-based faculty self-care plan, will impact the full-time nursing faculty's feelings of burnout and perceived quality of worklife. I will analyze pre-post survey aggregate data using a reliable and valid tool, Maslach Burnout Inventory for Educators + Areas of Worklife Survey Toolkit developed by Mind Garden, to determine if the self-care plan made a difference.

The options for the faculty self-care plan will embody a holistic approach. Faculty can choose activities from each of the three self-care intervention categories (mind, body, and spirit), and practice integrating the selected activities into their work week. Evidence from the literature points to engaging in holistic self-care activities for 30-45 minutes per week, during regular working hours. Self-care resources/interventions and notifications on upcoming campus wellness events will be accessible to all nursing faculty via Canvas LMS. The *Mindful Moments/Meditation Room* will be created in the nursing department and will be available to faculty if they need a quiet space to be alone.

Participation in this QI study is voluntary. After introducing the study, August 16<sup>th</sup>, 2022, during the mandatory nursing department meeting prior to the start of the fall semester, full-time faculty will be asked to participate in the following ways:

1. Complete the online Mind Garden pre- Maslach Burnout Inventory for Educators + Areas of Worklife Survey Toolkit (MBI + AWS). (8.16.22-9.5.22)
2. Access the resources available through Canvas LMS and integrate self-care practices during work week. (9.7.22-11.25.22)
3. Familiarize yourself with the *Mindful Moments/Meditation Room* located on the 3<sup>rd</sup> floor of the THSC (Taylor Health Sciences Center) and visit as you wish. (9.7.22-11.25.22)
4. Check faculty workroom mailbox regularly for notes of inspiration and encouragement.
5. Complete the online Mind Garden post- MBI + AWS. (11.28.22-12.19.22)

## QI Project Information Letter (cont.)

6. Continue to integrate self-care practices into your worklife and personal life, as desired.

This QI project has been approved by the Regis University Institutional Review Board (IRB) and reviewed by the Utah Tech University IRB Chair. There are minimal to no risks to participating in this project. Participation in self-care activities and completion of surveys can occur during the workday hours. Each survey takes approximately 25-30 minutes to complete. You can stop taking the survey at any point. Participation or non-participation in this QI project will not impact your employment. Confidentiality and anonymity of the participants will be ensured by de-identification of any data and will be protected in a secured database. Findings will be disseminated as de-identified data in aggregate form. Benefits of the project include availability of faculty self-care resources and sustainability of promoting best practices for self-health and wellness. QI project can be viewed as a “pilot” for future nurse faculty-specific wellness initiatives.

For questions, concerns, and clarifications, you may contact me at [jharrington@regis.edu](mailto:jharrington@regis.edu) or [jen.harrington@utahtech.edu](mailto:jen.harrington@utahtech.edu) or [REDACTED]. You may also contact the Regis University Capstone Chair, Dr. Kathleen Whalen, at [kwhalen@regis.edu](mailto:kwhalen@regis.edu) or [REDACTED].

Sincerely,

Jennifer Harrington, MS, RN, DNP Student



## Appendix F

### Mind Garden AWS Permission Letter and Sample Questions

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#### **For Dissertation and Thesis Appendices:**

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#### **Online Use of Mind Garden Instruments:**

Online administration and scoring of the Areas of Worklife Survey is available from Mind Garden, (<https://www.mindgarden.com/274-areas-of-worklife-survey>) Mind Garden provides services to add items and demographics to the Areas of Worklife Survey. Reports are available for the Areas of Worklife Survey.

If your research uses an online survey platform other than the Mind Garden Transform survey system, you will need to meet Mind Garden's requirements by following the procedure described at [mindgarden.com/mind-garden-forms/58-remote-online-use-application.html](https://www.mindgarden.com/mind-garden-forms/58-remote-online-use-application.html).

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The above-named person has made a license purchase from Mind Garden, Inc. and has permission to administer the following copyrighted instrument up to that quantity purchased:

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The six sample items only from this instrument as specified below may be included in your thesis or dissertation. Any other use must receive prior written permission from Mind Garden. The entire instrument may not be included or reproduced at any time in any other published material. Please understand that disclosing more than we have authorized will compromise the integrity and value of the test.

**Citation of the instrument must include the applicable copyright statement listed below.**

**Sample Items:**

I do not have time to do the work that must be done.

I have control over how I do my work.

I receive recognition from others for my work.

Members of my work group communicate openly.

Resources are allocated fairly here.

My values and the Organization's values are alike.

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Sincerely,

Robert Most  
Mind Garden, Inc.  
[www.mindgarden.com](http://www.mindgarden.com)

## Appendix G

### Mind Garden MBI Permission Letter and Sample Questions

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**For Dissertation and Thesis Appendices:**

You may not include an entire instrument in your thesis or dissertation, however you may use the three sample items specified by Mind Garden. Academic committees understand the requirements of copyright and are satisfied with sample items for appendices and tables. For customers needing permission to reproduce the three sample items in a thesis or dissertation, the following page includes the permission letter and reference information needed to satisfy the requirements of an academic committee.

**Online Use of Mind Garden Instruments:**

Online administration and scoring of the Maslach Burnout Inventory is available from Mind Garden, (<https://www.mindgarden.com/117-maslach-burnout-inventory>). Mind Garden provides services to add items and demographics to the Maslach Burnout Inventory. Reports are available for the Maslach Burnout Inventory.

If your research uses an online survey platform other than the Mind Garden Transform survey system, you will need to meet Mind Garden's requirements by following the procedure described at [mindgarden.com/mind-garden-forms/58-remote-online-use-application.html](https://www.mindgarden.com/mind-garden-forms/58-remote-online-use-application.html).

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**Maslach Burnout Inventory forms: Human Services Survey, Human Services Survey for Medical Personnel, Educators Survey, General Survey, or General Survey for Students.**

The three sample items only from this instrument as specified below may be included in your thesis or dissertation. Any other use must receive prior written permission from Mind Garden. The entire instrument form may not be included or reproduced at any time in any other published material. Please understand that disclosing more than we have authorized will compromise the integrity and value of the test.

**Citation of the instrument must include the applicable copyright statement listed below. Sample Items:**

**MBI - Human Services Survey - MBI-HSS:**

I feel emotionally drained from my work.  
I have accomplished many worthwhile things in this job.  
I don't really care what happens to some recipients.

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**MBI - Human Services Survey for Medical Personnel - MBI-HSS (MP):**

I feel emotionally drained from my work.  
I have accomplished many worthwhile things in this job.  
I don't really care what happens to some patients.

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**MBI - Educators Survey - MBI-ES:**

I feel emotionally drained from my work.  
I have accomplished many worthwhile things in this job.  
I don't really care what happens to some students.

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Cont'd on next page

Mind Garden MBI Permission Letter and Sample Questions (cont.)

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**MBI - General Survey - MBI-GS:**

I feel emotionally drained from my work.  
In my opinion, I am good at my job.  
I doubt the significance of my work.

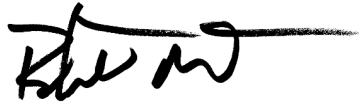
Copyright ©1996 Wilmar B. Schaufeli, Michael P. Leiter, Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc.,  
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**MBI - General Survey for Students - MBI-GS (S):**

I feel emotionally drained by my studies.  
In my opinion, I am a good student.  
I doubt the significance of my studies.

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Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Most', with a long horizontal line extending to the right.

Robert Most  
Mind Garden, Inc.  
[www.mindgarden.com](http://www.mindgarden.com)

## Appendix H

## CITI Program Completion Report

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)**  
**COMPLETION REPORT - PART 1 OF 2**  
**COURSEWORK REQUIREMENTS\***

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

• **Name:** JENNIFER HARRINGTON (ID: 5284989)  
 • **Institution Affiliation:** Regis University (ID: 745)  
 • **Institution Email:** jharrington@regis.edu  
 • **Institution Unit:** Social/Behavioral

• **Curriculum Group:** Human Research  
 • **Course Learner Group:** Social Behavioral Research Investigators  
 • **Stage:** Stage 1 - Basic Course

• **Record ID:** 47314221  
 • **Completion Date:** 14-Feb-2022  
 • **Expiration Date:** 13-Feb-2025  
 • **Minimum Passing:** 80  
 • **Reported Score\*:** 93

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	09-Feb-2022	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	09-Feb-2022	5/5 (100%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	09-Feb-2022	5/5 (100%)
History and Ethical Principles - SBE (ID: 490)	09-Feb-2022	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	14-Feb-2022	5/5 (100%)
Assessing Risk - SBE (ID: 503)	14-Feb-2022	5/5 (100%)
Informed Consent - SBE (ID: 504)	14-Feb-2022	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	14-Feb-2022	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	14-Feb-2022	5/5 (100%)
Consent Tools Used by Researchers (ID: 16944)	14-Feb-2022	2/5 (40%)
Students in Research (ID: 1321)	14-Feb-2022	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: [www.citiprogram.org/verify/?k0981f877-b396-4703-a356-5979ef9e0031-47314221](http://www.citiprogram.org/verify/?k0981f877-b396-4703-a356-5979ef9e0031-47314221)

Collaborative Institutional Training Initiative (CITI Program)  
 101 NE 3rd Avenue  
 Suite 320  
 Fort Lauderdale, FL 33301 US

Email: [support@citiprogram.org](mailto:support@citiprogram.org)  
 Phone: 888-529-5929  
 Web: <https://www.citiprogram.org>

## CITI Program Completion Report (cont.)

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)**  
**COMPLETION REPORT - PART 2 OF 2**  
**COURSEWORK TRANSCRIPT\*\***

\*\* NOTE: Scores on this [Transcript Report](#) reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

• **Name:** JENNIFER HARRINGTON (ID: 5284989)  
 • **Institution Affiliation:** Regis University (ID: 745)  
 • **Institution Email:** [jharrington@regis.edu](mailto:jharrington@regis.edu)  
 • **Institution Unit:** Social/Behavioral

• **Curriculum Group:** Human Research  
 • **Course Learner Group:** Social Behavioral Research Investigators  
 • **Stage:** Stage 1 - Basic Course

• **Record ID:** 47314221  
 • **Report Date:** 06-Mar-2023  
 • **Current Score\*\*:** 97

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Students in Research (ID: 1321)	14-Feb-2022	4/5 (80%)
Consent Tools Used by Researchers (ID: 16944)	14-Feb-2022	4/5 (80%)
Defining Research with Human Subjects - SBE (ID: 491)	14-Feb-2022	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	14-Feb-2022	5/5 (100%)
Belmont Report and Its Principles (ID: 1127)	11-Jan-2016	3/3 (100%)
Assessing Risk - SBE (ID: 503)	14-Feb-2022	5/5 (100%)
Informed Consent - SBE (ID: 504)	14-Feb-2022	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	14-Feb-2022	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	09-Feb-2022	5/5 (100%)
History and Ethical Principles - SBE (ID: 490)	09-Feb-2022	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	09-Feb-2022	5/5 (100%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	09-Feb-2022	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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 Phone: 888-529-5929  
 Web: <https://www.citiprogram.org>

**Appendix I****Institution Letter of Support**

 <b>UTAH TECH UNIVERSITY</b>	<b>Judy Scott, EdD, RN</b> Department Chair Nursing Department  Taylor Health Sciences 302 o: (435) 879-4837 f: (435) 879-4829 judy.scott@utahtech.edu utahtech.edu
<b>Letter of Agreement</b>	
<b>July 7, 2022</b>	
To Regis University Institutional Review Board (IRB):	
<p>I am familiar with Jennifer Harrington's quality improvement project entitled <i>The Impact of Self-Care on Nursing Faculty Burnout and Worklife</i> (subject) or "Will the implementation of a self-care intervention plan improve perceived quality of worklife and decrease feelings of burnout in full-time nursing faculty at a university?" (Project question). I understand the nursing department's involvement at Utah Tech University's to be allowing full-time nursing faculty to participate in the project by taking pre-post survey and interacting with provided Canvas online and campus-based self-care resources. Furthermore, I understand that participation is voluntary, and that faculty will have time to complete self-care activities and pre-post surveys during regular work hours.</p>	
<p>I understand that this quality improvement project will be carried out following sound ethical principles and provides confidentiality of project data, as described in the proposal.</p>	
<p>Therefore, as a representative of Utah Tech University, I agree that Jennifer Harrington's quality improvement project may be conducted at our UT Nursing Department.</p>	
<p>Sincerely, </p>	
<p><b>Judy Scott, EdD, RN</b> Nursing Department Chair <a href="mailto:Judy.Scott@utahtech.edu">Judy.Scott@utahtech.edu</a></p>	
Instructions:	
<ul style="list-style-type: none"><li>• Email as pdf file with original signature to DNP student and DNP Capstone Chair RegisNet addresses from an official agency email address.</li></ul>	



**Appendix J****DNP Project Letter of Intent**

**To: Dr. Judy Scott, Nursing Department Chair  
Utah Tech (UT) College of Health Sciences (CHS)**

**From: Jennifer Harrington, MS, RN, DNP Student**

**Subject: *The Impact of Self-Care on Nursing Faculty Burnout and Worklife***

**Date: July 4, 2022**

I am writing to obtain permission to conduct a quality improvement (QI) project in your facility with the purpose of examining the impact of implementing a self-care intervention plan on feelings of burnout and perceived quality of life by Fall 2022. This project will be done to fulfill requirements for completion of the Doctor of Nursing Practice degree at Regis University, Denver, CO. The following information will review the study:

This project will employ a **Population-Intervention-Comparative-Outcome (PICO)** format for development of the study question to be investigated:

**Population:** Full-time nursing faculty

**Intervention:** Self-care implementation plan

**Comparative:** Pre-post burnout/quality of worklife survey scores

**Outcome:** Improve perceived burnout/quality of worklife and feelings of burnout

**Project Question:** Will the implementation of a self-care intervention plan improve perceived quality of worklife, and decrease feelings of burnout in full-time nursing faculty at a university?

**Project Significance:** There is a widespread nursing shortage, which impacts nursing students and their future patients. Nursing faculty self-care and stress management is integral to retention. Finally, self-care modeled by nursing faculty could have a lasting imprint on nursing students and improve patient/population health outcomes.

## Letter of Intent (cont.)

**Type of Study:** Quality improvement initiative pre-post survey design using the evidence-based Mind Garden Maslach Burnout Inventory Toolkit for Educators (combination of Areas of Worklife and Maslach Burnout Inventory - Educator Survey) and a convenience sample.

**Participant Requirement:** QI project will be implemented Fall 2022 with potential full-time faculty sample of 15. I will introduce the QI project with an information sheet at an in-person departmental meeting at the beginning of the 2022 fall semester. Faculty will be asked to use the Canvas online and campus-based self-care resources. Engagement in self-care activities and completion of internet-based pre-post survey is voluntary. Faculty will have time to complete self-care activities and pre-post surveys during regular working hours.

**Risks, Cost, and Benefits:**

**Risk:** Minimal to none; possible mild anxiety of participant when responding to questions related to burnout. The DNP student completed the Collaborative Institutional Training Initiative (CITI) training course. Prior to implementing the project, a site approval letter will be obtained from the UT CHS nursing department chair and the DNP student will seek approval in the form of an IRB Authorization Agreement in alliance with the site university and Regis University. Participation or non-participation in this self-care QI initiative will not impact employment and performance of any nursing faculty. No pay to study participants will be involved. However, small token gifts with a value of less than five dollars may be given to study participants via administrative support staff from the nursing department. All full-time faculty will be required to attend a mandatory pre-semester nursing department meeting, and permission to present the DNP project at that meeting was granted by the nursing department chair. Confidentiality and anonymity of the participants will be ensured by de-identification of any data and will be protected in a secured database for three years.

**Costs:** \$772.95 (paid by PI)

**Benefits:** The benefits of this project include diminished feelings of burnout and improved nursing faculty satisfaction in the areas of worklife through implementation of self-care practices. Another benefit is nursing faculty resilience and retention, which will offset the associated costs of recruitment and training of new nursing faculty. Overall, the benefits are immeasurable and potentially far-reaching for the nursing department, university, scores of nursing students, patients, community, and the nursing profession.

## Letter of Intent (cont.)

**Project Goals and Objectives:**

The main goal of this project is to determine if implementing self-care practices decreases full time nursing faculty's feelings of burnout and improve perceived quality of worklife.

**Objectives:**

1. The primary outcome objective is to measure for a difference in faculty perceptions of burnout and quality of worklife pre- and post-implementation of the nursing faculty self-care intervention plan.
2. A secondary objective is to plan and implement a self-care intervention plan that faculty can use to mitigate feelings of burnout and work stress.

**Permission is requested to conduct this quality improvement project at Utah Tech University 225 S University Avenue St George, UT 84770.**

**I have included a template for the brief site approval letter that is required on letterhead from you.**

**Thank you for your assistance with completing my DNP Project.**

**Sincerely,**

A large black rectangular redaction box covering the signature of the DNP Student.

**DNP Student**

**Appendix K****Regis University IRB Project Approval Letter**

REGIS.EDU

**Institutional Review Board**

DATE: July 19, 2022

TO: Jennifer Harrington  
FROM: Regis University Human Subjects IRB

PROJECT TITLE: [1938513-1] The Impact of Self-Care on Nursing Faculty Burnout and Worklife  
SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF NOT RESEARCH  
DECISION DATE: July 19, 2022

Thank you for your submission of New Project materials for this project. The Regis University Human Subjects IRB has determined this project does not meet the definition of human subject research under the purview of the IRB according to federal regulations.

The project may proceed as written.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact the Institutional Review Board at [irb@regis.edu](mailto:irb@regis.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Regis University Human Subjects IRB's records.

## Appendix L

### Anecdotal Notes

Following are unsolicited notes from QI project participants:

“Thank you for encouraging all of us to **do more self-care** this semester. You’re **handwritten little notes** of praise and thoughtful gifts have been wonderful. Your desire to keep each one of us engaged and **being our best selves through self-care** is much appreciated.”

“Happy Holidays! I want to thank you for the **cards and notes of encouragement** and **well-being** that you have done throughout the semester. I cannot imagine how much work you went through to provide us with the **expressions of affirmation and support.**”